

\*\*\*\*\*APPLICATION FOR EMPLOYMENT\*\*\*\*\*

120 North Fountain Avenue, Springfield, Ohio 45502  
937.521.2050

# CLARK COUNTY SHERIFF'S OFFICE

Integrity, Courage, Honor, Respect, Equality



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Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Application Number # \_\_\_\_\_  
(To be filled out by the Clark County Sheriff's Office)

**Dear Applicant:**

***Thank you for your interest in becoming a member of the Clark County Sheriff's Office. My office is a Recognized Agency with the Commission on Accreditation for Law Enforcement Agencies. You will find that we are "The Best of the Best".***

\*\*\*\*\*

*The Clark County Sheriff's Office is an Equal Opportunity Employer. We consider applications for all positions with regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status. Our agency accepts any and all applications submitted.*

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*Please note:* The hiring process for this office, especially sworn positions, is extensive and lengthy. It is not uncommon for the process to take several months from the time an application is submitted to the time a person may be asked to be interviewed or tested. Do not complete page 12 of this application at this time. You will be asked to complete this page after an initial interview.

This application is used for both sworn and non-sworn (civilian / dispatch) positions within the Clark County Sheriff's Office. Please mark in order of preference the position or positions you are applying for. Regardless of the position you are applying for; *please ensure that you fill out the application completely. Incomplete applications will not be given further consideration.*

Also, it is required that the application be signed and notarized prior to submitting it for consideration located on the last page. *Applicants that fail to have the application signed and notarized when submitted, will not be reviewed for any positions within the agency.*

**Hiring Process for a Sworn Deputy position:**

The minimum qualifications to be considered for a sworn position with this agency are as follows:

- Current Ohio Peace Officer Training Certificate.
- 21 years of age
- U.S. Citizen
- Valid Ohio Operator's (Driver's) License
- High school diploma or equivalency

*Please note:* If the applicant meets all of the basic minimum qualifications listed above, his or her application will be kept on file for a period of two years.

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**Personal Data**

Last Name		First Name		Middle Name	
Do you have valid Driver's License?		Social Security Number		Drivers License Number? / State of Issue	
Home Phone with Area Code		Cell Phone with Area Code		E-Mail Address	
Place of Birth: _____					
Citizenship: U.S. Citizen: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, By Birth? <input type="checkbox"/> Naturalization? <input type="checkbox"/> If no, Citizenship: _____					
A. Present Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>House / Apt Number / P.O. Box #</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>					
B. Mailing Address, if different: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>House / Apt Number / P.O. Box #</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>					
If you are presently renting, please list the name and address of your landlord: Name: _____ Phone Number: _____ Address: _____					

List all other names you have used, including circumstances and time periods you used them.  
 (For example: maiden name, former names, etc.)

Previous Name	Circumstances	Date From	Date To
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Position Applying For:**

<input type="checkbox"/> Deputy Sheriff	<input type="checkbox"/> Nurse	<input type="checkbox"/> Property Room Clerk
<input type="checkbox"/> Reserve Deputy	<input type="checkbox"/> Dispatch	<input type="checkbox"/> Computer Technology
<input type="checkbox"/> Office Staff	<input type="checkbox"/> Cadet	<input type="checkbox"/> Other
# _____ OPOTA Certificate	# _____ Nursing Certificate	

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**Current Employment History**

Current Employer Name _____	Phone # _____
Address _____	City _____ Zip _____
Start Date _____	Ending Date _____ Job Title _____
Supervisors Name: _____	Start Salary: _____ Ending Salary: _____
Work Performed _____	
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Explain: _____ _____ _____	

Current Employer Name _____	Phone # _____
Address _____	City _____ Zip _____
Start Date _____	Ending Date _____ Job Title _____
Supervisors Name: _____	Start Salary: _____ Ending Salary: _____
Work Performed _____	
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Explain: _____ _____ _____	

Current Employer Name _____	Phone # _____
Address _____	City _____ Zip _____
Start Date _____	Ending Date _____ Job Title _____
Supervisors Name: _____	Start Salary: _____ Ending Salary: _____
Work Performed _____	
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Explain: _____ _____ _____	

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**Past Employment History**

Past Employer Name _____	Phone # _____
Address _____	City _____ Zip _____
Start Date _____	Ending Date _____ Job Title _____
Supervisors Name: _____	Start Salary: _____ Ending Salary: _____
Work Performed _____	
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Explain: _____	
_____	
_____	
_____	
Past Employer Name _____	Phone # _____
Address _____	City _____ Zip _____
Start Date _____	Ending Date _____ Job Title _____
Supervisors Name: _____	Start Salary: _____ Ending Salary: _____
Work Performed _____	
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Explain: _____	
_____	
_____	
_____	
Past Employer Name _____	Phone # _____
Address _____	City _____ Zip _____
Start Date _____	Ending Date _____ Job Title _____
Supervisors Name: _____	Start Salary: _____ Ending Salary: _____
Work Performed _____	
Were you disciplined, counseled, warned, discharged or asked to resign because of job performance or for violating the company rules? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Explain: _____	
_____	
_____	
_____	
Have you ever been fired from employment for any reason? (If yes, list pertinent facts below) Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
_____	
Have you ever resigned (quit) after being informed that your employer intended to terminate you for any reason? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Explain: _____	
_____	
Have you ever resigned after being informed that your employer intended to take disciplinary action against you? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Explain: _____	
_____	

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*Education / Training*

High School / Name / Address

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Graduate: Yes: ☐ No: ☐

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Graduate: Yes: ☐ No: ☐

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Graduate: Yes: ☐ No: ☐

College or University / Name / Address

(College/University- must include name and address with zip code)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Graduate Yes: ☐ No: ☐

Credit Hours Earned \_\_\_\_\_ Degree: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Graduate Yes: ☐ No: ☐

Credit Hours Earned \_\_\_\_\_ Degree: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Graduate Yes: ☐ No: ☐

Credit Hours Earned \_\_\_\_\_ Degree: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Since the 9<sup>th</sup> grade, have you ever been suspended or expelled from any school or college for any academic or disciplinary reason? (If yes, give pertinent facts i.e. school, date, and type of action below) Yes: ☐ No: ☐

*Describe any awards, honors, and citations, positions held in school organizations, and any other special recognition you received while attending school:*

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\_\_\_\_\_ Typing -- Speed \_\_\_\_\_ WPM \_\_\_\_\_ Shorthand -- Speed \_\_\_\_\_ WPM \_\_\_\_\_

\_\_\_\_\_ Dictating Machine \_\_\_\_\_ Word Processing / Computer \_\_\_\_\_ Software used \_\_\_\_\_

\_\_\_\_\_ Foreign Language Speak (Language(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

\_\_\_\_\_ Foreign Language Read (Language(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

\_\_\_\_\_ Foreign Language Write (Language(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)



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*References – Give at least three (3) professional references, not relatives, who are responsible adults of reputable standings in their communities, such as homeowners, business or professional persons, who have known you well during the past five (5) years and three (3) social acquaintances.*

**Professional References**

*(Supervisors and / or Co-Workers are acceptable)*

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Social References**

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



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*Residences – Beginning with your current address, list chronology all previous residences, including addresses you had while attending school or military assignment.*

[illegible]

***Relatives – All applicants must give complete information concerning their relatives.***

[illegible]

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***Marital/Dependent Information- If you have been married more than once, give the requested information concerning each former husband and/or wife. Also include step-related persons.***

**Current Marital Status:**

Married: ☐    Single: ☐    Divorced: ☐    Widowed: ☐    Separated: ☐

**Marriage Data:**

Dates of Marriages: \_\_\_\_\_ Place(s) of Marriage(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Spouse's Information**

Name (include maiden name): \_\_\_\_\_ Phone #: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

**Your Dependents:**

**Children and Dependents:**

Gender	Name	Age	Full Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you receiving or responsible for paying any court ordered child support?    Yes: ☐    No: ☐

To Whom Paid                      From Whom Received                      Amount paid/received per month

_____	_____	_____
_____	_____	_____
_____	_____	_____

***Financial Information***

List all major outstanding debts (i.e. mortgages, vehicle loans, personal loans, credit cards)

Account #	Monthly Payment	Present Balance	To Whom Owed (name & address)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever filed for bankruptcy? (If yes, explain below -- year and type of bankruptcy)    Yes: ☐    No: ☐

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in default resulting in repossession? (If yes, explain below)    Yes: ☐    No: ☐

\_\_\_\_\_  
\_\_\_\_\_

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**Armed Forces Experience**

Have you been registered with the selective service as required by law? Yes: ☐ No: ☐

Are you or have you ever been a member of a military service? Yes: ☐ No: ☐

Branch	Primary Mos	Date Entered	Date Released	Officer/Enlisted	Service #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you or have you ever been a member of the military reserve? Yes: ☐ No: ☐

Branch	Primary Mos	Date Entered	Date Released	Officer/Enlisted	Service #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

During your service, were you ever disciplined (i.e. were you ever court martialled [including article 15s] or did you ever appear before your commanding officer for disciplinary reason? (If yes, list pertinent facts below.) Yes: ☐ No: ☐

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you received other than an honorable discharge, please list the pertinent facts below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Present selective service classification number: \_\_\_\_\_ Date of classification: \_\_\_\_\_

Have you ever been denied entrance to any of the armed forces? (If yes, please explain the basis of your denial)  
 Yes: ☐ No: ☐

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any job related training you received in the United States Military:

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**Court Record**

*(Leave this page blank, you will be asked to complete this page later in the hiring process)*

Have you ever been: (all incidents must be included even though they were dismissed or your forfeited collateral was returned. (Exclude any traffic violations.)

Charged by any law enforcement authority?

Yes: ☐

No: ☐

Convicted of any offense against the law?

Yes: ☐

No: ☐

Subjected to forfeiture of collateral in connection with an arrest?

Yes: ☐

No: ☐

Placed on probation?

Yes: ☐

No: ☐

Required to appear before a juvenile court for an act which would have been a crime if committed by an adult?

Yes: ☐

No: ☐

If yes to any of the above questions, list pertinent facts:

Are you now or have you ever been involved as a plaintiff in any civil court action? If yes, explain:

Yes: ☐

No: ☐

Has any member of your immediate family including in-laws, ever been arrested or convicted of a misdemeanor or felony offense, other than a traffic ticket? Yes: ☐ No: ☐

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Charge: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

Have you ever been a party to any civil type of litigation? (Example: Small Claims, Divorce) Yes: ☐ No: ☐  
If yes, provide the following information:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Court: \_\_\_\_\_

Parties Involved: \_\_\_\_\_

Nature of Action: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Court: \_\_\_\_\_

Parties Involved: \_\_\_\_\_

Nature of Action: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

AN EQUAL EMPLOYMENT AFFIRMATIVE ACTION EMPLOYER M/F

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**Driving Record**

Indicate below all traffic violations or citations that you have received. Include in your response (but do not limit to), such violations as: speed, reckless driving, changing lanes without caution, defective equipment, stop sign violations and red light violations.

Date	Violation	Location	Charging Police Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide the information requested below on all driver's licenses which are now or have been issued to you from any state (even licenses that may now be expired or have been replaced by another issuing agency or state.):

Issuing State	License Number	Expiration Date	License Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your driver's license now or has it ever been:

Denied or refused?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Suspended?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Revoked?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Subjected to any other similar penalty or action?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

If you answered yes to any of the above, explain below:

\_\_\_\_\_

\_\_\_\_\_

Are your vehicles license plates now or have they ever been:

Denied or refused?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Suspended?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Revoked?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Subjected to any other similar penalty or action?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

If you answered yes to any of the above, explain below:

\_\_\_\_\_

\_\_\_\_\_

Do you have liability and property insurance on vehicles owned by you? Yes: ☐ No: ☐

Have you had your car insurance cancelled? Yes: ☐ No: ☐ Explain: \_\_\_\_\_

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Relevant Data

Describe how, with or without a reasonable accommodation, you will be able to perform the job related functions of the position you seek:

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All applicants who are given a conditional offer of employment for the position of Deputy Sheriff will be required to submit to a physical examination by a medical doctor for purpose of ascertaining the ability of the applicant to perform the duties required for their position.

Do you now or have you in the past experimented with:

	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Length of use	Last date used
Marijuana (in any form)?			_____	_____
Narcotics (of any kind)?			_____	_____
Cocaine?			_____	_____
Hallucinogens (LSD/PCP/MDA, etc.)			_____	_____
Dangerous Drugs (of any kind)?			_____	_____

Do you drink alcoholic beverages? Yes: ☐ No: ☐ If yes, what kind? \_\_\_\_\_

How many times in the last year have you ever consumed alcohol and operated a motor vehicle to the extent that your ability was impaired? \_\_\_\_\_

Do you smoke cigarettes or tobacco products? Yes: ☐ No: ☐

Do you have tattoos? Yes: ☐ No: ☐  
If yes, where are they located on your person and what are they of?

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Do you now or have you ever had any gambling debts? Yes: ☐ No: ☐  
If yes, explain:

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Explain any answers from above:

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**Organization Membership**

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitutional of the United States or the State of Ohio or which seeks to alter the form of government of the United States or the State of Ohio, by any unlawful or constitutional means?  
Yes: ☐ No: ☐

If yes, explain:

2. Are you a member or have you ever been a member of any communist or subversive organization or any political party or organization which advocates the overthrow of our constitutional form of government in the United States, or do you have membership in, or any affiliation with any group, association or organization which advocates or lends support to any organization or movement advocating to overthrow our constitutional government in the United States? Yes: ☐ No: ☐

If yes, give the name of the organization and complete details below:

3. Have you ever participated in any demonstration, strike, picket line or delegation sponsored by any group or organization as a protest measure that was determined to be illegal? Yes: No:

If yes, explain:

4. Do you belong to any organization and/or adhere to any belief which would in any way:

Limit or prohibit your use of weapons or firearms? Yes: ☐ No: ☐

Restrict you from conforming to departmental standards of appearance and/or grooming, which may from time to time be set? Yes: ☐ No: ☐

If yes, explain:

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Have you filed an application or are you awaiting the results of a filed application with any other police or law enforcement agency? Yes: ☐ No: ☐  
Department \_\_\_\_\_ Position(s) \_\_\_\_\_ Accepted/Rejected \_\_\_\_\_ Reason for Rejection \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all members of the Clark County Sheriff's Office with whom you are acquainted:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

***Applicants Certification and Permission for Release of  
Information for a Background Investigation.***

I hereby give my permission for authorized agents of the Clark County Sheriff's Office to conduct an investigation of my background that may include but is not limited to a polygraph(s), physical and/or psychological examination.

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Clark County Sheriff's Office. I agree to the conditions and certify all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Clark County Sheriff's Office and that it and the information received in response to the background examination are public records.

I understand that compliance with the Clark County Sheriff's Office Code of Professional Conduct is a condition of my employment.

I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that I will be required to successfully pass a medical/drug screening examination including psychological examinations that I may be required to take.

I understand the following types of information will be collected: employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and law enforcement records; information about your abilities, family, character, lifestyle, and organization memberships, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Clark County Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Clark County Sheriff's Office. I also realize that any falsification may subject me to disqualification by Clark County and/or prosecution under Ohio Revised Code Section 2921.13

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

Subscribed and sworn to me according to the law by the above named applicant on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public